

WYOMING DEPARTMENT OF EMPLOYMENT
LABOR STANDARDS

1510 E. Pershing Blvd., West Wing
CHEYENNE, WYOMING 82002
(307) 777-7261
FAX (307) 777-5633

FOR LABOR STANDARDS USE ONLY
Claim No. _____
Date Opened _____
Alleged Violation(s) _____
Date Closed _____
Reason _____

CLAIM FOR WAGES

(Please print or type, and answer all questions)

CLAIMANT

1. Employee (Full Name) _____
2. Social Security Number _____
3. Address _____

City _____ State _____ Zip Code _____
4. Telephone _____ 5. Age _____ 6. Sex _____
7. Name, Address, Phone Number of Person through whom you can always be located: _____
8. Describe kind of work done for employer: _____

AGAINST

9. Employer or Firm _____

Individual _____
Partnership _____
Corporation _____
10. Owner(s) Full Name _____
11. Employer's Mailing Address _____
12. Physical Address of Employer _____
13. Telephone _____ 14. Type of Business _____
15. Work done at City: _____ State: _____ Address: _____
16. Name of person in charge _____ 17. Hired by _____ (a) Date _____
18. Quit _____ Discharged _____ Laid Off _____ Date _____ Still employed _____
19. Have you made a written _____ oral _____ request for your wages?
(a) To whom and what date _____
(b) If no request made, please explain _____
20. Reason given by employer for failure to pay _____
21. Describe the wage agreement: Union _____ Non-union _____ Written _____ Oral _____
(a) If union or written, attach copy. (b) If oral, were witnesses present? _____
22. Describe rate of pay and how paid: Hour _____ Day _____ Week _____ Month _____ Piece rate _____
Commission _____ Independent Bid _____ Other _____
23. Do you have any of your employer's property? _____ (a) If yes, what? _____
24. Do you owe the employer for any goods or services purchased? _____
(a) If yes, show balance due \$ _____
25. Do you owe your employer for any cash advances? _____ If yes, amount owed \$ _____

WAGES CLAIMED

From _____ 20 _____ to _____ , 20 _____ , being _____
Month/Day Month/Day Number of hours, days, weeks, months

At the rate of \$ _____ Per _____
Hour, day, week, month

_____ Total \$ _____

Less deductions as follows (cash advances, board, room, etc.)..... \$ _____

Do not include any tax deductions Gross amount claimed \$ _____

STATEMENT OF FACTS

(Use additional sheet if necessary. Attach copies of documentation to support your claim.)

I HEREBY CERTIFY that this is a true statement of wages due me to the best of my knowledge and belief. I hereby assign to the Director of the Department of Employment and/or his designee and/or staff and agents the right to receive any unpaid wages obtained as payment on this claim. I hereby authorize the Department of Employment to approve a proposed compromise adjustment or settlement of this claim unless I object in writing to such proposal within ten days after notification.

Signature _____ Date _____